

Mr. GUTHRIE. Madam Speaker, as with all the other bills before us today, it is so important to reach out to our youth and to prevent suicide and violence as a result of mental health disorders. We all know, as young as we can reach them, the better.

I support this bill and ask my colleagues to do so. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, as my colleague from Kentucky points out, with these bills today, we are trying to reach out and deal with these mental and behavioral health problems in various settings. In this case, it is the school-based setting, which I think is one of the most effective.

So for that reason, I would ask my colleagues to support this legislation. I yield back the balance of my time.

The SPEAKER pro tempore (Ms. JACKSON LEE). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 721, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1500

BEHAVIORAL INTERVENTION GUIDELINES ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2877) to amend the Public Health Service Act to direct the Secretary of Health and Human Services to develop best practices for the establishment and use of behavioral intervention teams at schools, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2877

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Behavioral Intervention Guidelines Act of 2021”.

SEC. 2. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

The Public Health Service Act is amended by inserting after section 520G of such Act (42 U.S.C. 290bb-38) the following new section:

“SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

“(a) IN GENERAL.—The Secretary shall identify and facilitate the development of best practices to assist elementary schools, secondary schools, and institutions of higher education in establishing and using behavioral intervention teams.

“(b) ELEMENTS.—The best practices under subsection (a)(1) shall include guidance on the following:

“(1) How behavioral intervention teams can operate effectively from an evidence-based, objective perspective while protecting the constitutional and civil rights of individuals.

“(2) The use of behavioral intervention teams to identify concerning behaviors, implement interventions, and manage risk through the framework of the school’s or institution’s rules or code of conduct, as applicable.

“(3) How behavioral intervention teams can, when assessing an individual—

“(A) access training on evidence-based, threat-assessment rubrics;

“(B) ensure that such teams—

“(i) have trained, diverse stakeholders with varied expertise; and

“(ii) use cross validation by a wide-range of individual perspectives on the team; and

“(C) use violence risk assessment.

“(4) How behavioral intervention teams can help mitigate—

“(A) inappropriate use of a mental health assessment;

“(B) inappropriate limitations or restrictions on law enforcement’s jurisdiction over criminal matters;

“(C) attempts to substitute the behavioral intervention process in place of a criminal process, or impede a criminal process, when an individual’s behavior has potential criminal implications;

“(D) endangerment of an individual’s privacy by failing to ensure that all applicable Federal and State privacy laws are fully complied with; or

“(E) inappropriate referrals to, or involvement of, law enforcement when an individual’s behavior does not warrant a criminal response.

“(c) CONSULTATION.—In carrying out subsection (a)(1), the Secretary shall consult with—

“(1) the Secretary of Education;

“(2) the Director of the National Threat Assessment Center of the United States Secretary Service;

“(3) the Attorney General and the Director of the Bureau of Justice Assistance;

“(4) teachers and other educators, principals, school administrators, school board members, school psychologists, mental health professionals, and parents of students;

“(5) local law enforcement agencies and campus law enforcement administrators;

“(6) privacy experts; and

“(7) other education and mental health professionals as the Secretary deems appropriate.

“(d) PUBLICATION.—Not later than 2 years after the date of enactment of this section, the Secretary shall publish the best practices under subsection (a)(1) on the internet website of the Department of Health and Human Services.

“(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to institutions of higher education, elementary schools, and secondary schools to assist such institutions and schools in implementing the best practices under subsection (a).

“(f) DEFINITIONS.—In this section:

“(1) The term ‘behavioral intervention team’ means a team of qualified individuals who—

“(A) are responsible for identifying and assessing individuals exhibiting concerning behaviors, experiencing distress, or who are at risk of harm to self or others;

“(B) develop and facilitate implementation of evidence-based interventions to mitigate the threat of harm to self or others posed by an individual and address the mental and behavioral health needs of individuals to reduce risk; and

“(C) provide information to students, parents, and school employees on recognizing behavior described in this subsection.

“(2) The terms ‘elementary school’, ‘parent’, and ‘secondary school’ have the meanings given to such terms in section 8101 of the Elementary and Secondary Education Act of 1965.

“(3) The term ‘institution of higher education’ has the meaning given to such term in section 102 of the Higher Education Act of 1965.

“(4) The term ‘mental health assessment’ means an evaluation, primarily focused on diagnosis, determining the need for involuntary commitment, medication management, and on-going treatment recommendations.

“(5) The term ‘violence risk assessment’ means a broad determination of the potential risk of violence based on evidence-based literature.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2877.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2877, the Behavioral Intervention Guidelines Act.

Madam Speaker, behavioral intervention teams are multidisciplinary teams that support students’ mental health and emotional well-being by detecting patterns, trends, and disturbances in behavior, and by conducting outreach to students who are unable to manage distress in healthy and constructive ways. These teams are already active in some educational settings, such as Wichita State University, Southern Connecticut State University, and Rochester Institute of Technology.

This bill requires the Substance Abuse and Mental Health Administration to develop best practices for schools that have or want to have behavioral intervention teams. These best practices would cover the proper use of these teams and how to intervene and avoid inappropriate use of mental health assessments and law enforcement. These best practices would then be required to be posted publicly on the Department of Health and Human Services website. HHS would also help to provide technical assistance to entities implementing these best practices.

We know that three in four children between the ages of 3 and 17 with depression also have anxiety. Anxiety and depression are the top two mental health concerns among college students as well. Unfortunately, recent

data found that over 80 percent of young people with mental health needs did not receive the care that they needed.

Young people in crisis should be able to access the care they need or be able to find support from peers who can direct them toward appropriate services. This bill helps bridge that gap.

The champions of this legislation, Representatives FERGUSON, PETERS, BURGESS, and PANETTA, worked together to help provide these behavioral health prevention tools to schools and colleges around the country, and I applaud them for their bipartisan effort.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 2877, the Behavioral Intervention Guidelines Act of 2021 introduced by Representatives FERGUSON, BURGESS, PETERS, and PANETTA.

This important bill authorizes the Substance Abuse and Mental Health Services Administration to develop best practices for establishing and using behavioral intervention teams in elementary schools, secondary schools, and institutions of higher education.

Behavioral intervention teams are multidisciplinary teams that support students' mental health and wellness by identifying students experiencing stress, anxiety, or other behavioral disturbances, and conducting intervention and outreach to these students to help manage risk. These teams are already active in some educational settings, such as Texas Tech and the University of California, Los Angeles.

By acting in a proactive manner to assist students and connect them with needed resources, behavioral intervention teams help schools create a safe environment for their students and improve mental health outcomes in young people.

Madam Speaker, I yield 4 minutes to the gentleman from Georgia (Mr. FERGUSON).

Mr. FERGUSON. Madam Speaker, I rise today in strong support of H.R. 2877, the BIG Act.

Without question, we have all seen how the mental health issues in America have been growing, and they have been exacerbated by the COVID-19 pandemic. The urgency to address this crisis has become more dire as we are seeing how fear, anxiety, financial problems, and particularly isolation have compounded these issues. We see this across the board but particularly with our young people.

We must tackle these issues head-on, and that is why I am honored to support the BIG Act.

This straightforward bill works to provide local communities and educational systems with the tools that they need to help identify mental health needs before it is too late.

As a healthcare provider, I can tell my colleagues that early intervention is vitally important, and putting teams together that recognize the needs and see the problems with students before it is too late is important. The last thing that we want to see our students go through is the process of dropping out of school because of issues or problems with behavior or with their classmates. Most importantly, we never want to see them do harm to themselves or to others.

This bill provides the resources and the best practices from around the country in one site where school districts and different organizations can come together to put together the programs that will work best for them.

Congress must step up to confront this challenge, but doing so successfully will require input from an awful lot of people. That is what this bill does.

This is a bipartisan, bicameral bill. It has widespread support from places like Texas A&M; as you mentioned, the University of California; and in my home district, Columbus State University. It has the support of mental health organizations, mental health providers, and other individuals across this country.

Together, we can and should increase the mental health well-being of our fellow Americans.

National Mental Health Awareness Month is going on, and it is so important that we act to improve access across our country to high-quality, evidence-based mental healthcare services. That is why I ask my colleagues to join in supporting the BIG Act.

Mr. GUTHRIE. Madam Speaker, what we have talked about is that this creates a safe environment for students. I think all Americans want a safer environment for all of our students and to improve the mental health outcomes of young people.

Madam Speaker, that is what this bill focuses on, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for this bill. This is just another tool to help provide behavioral services—in this case, to schools and colleges around the country. I think it deserves our support.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2877.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PALLONE. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

BIPARTISAN SOLUTION TO CYCLICAL VIOLENCE ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1260) to amend the Public Health Service Act to establish a grant program supporting trauma center violence intervention and violence prevention programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1260

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Bipartisan Solution to Cyclical Violence Act of 2021”.

SEC. 2. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

“SEC. 399V-7. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

“(a) AUTHORITY ESTABLISHED.—

“(1) IN GENERAL.—The Secretary shall award grants to eligible entities to establish or expand violence intervention or prevention programs for services and research designed to reduce the incidence of reinjury and reincarceration caused by intentional violent trauma, excluding intimate partner violence.

“(2) FIRST AWARD.—Not later than 9 months after the date of enactment of this section, the Secretary shall make the first award under paragraph (1).

“(3) GRANT DURATION.—Each grant awarded under paragraph (1) shall be for a period of three years.

“(4) GRANT AMOUNT.—The total amount of each grant awarded under paragraph (1) for the 3-year grant period shall be not less than \$250,000 and not more than \$500,000.

“(5) SUPPLEMENT NOT SUPPLANT.—A grant awarded under paragraph (1) to an eligible entity with an existing program described in paragraph (1) shall be used to supplement, and not supplant, any other funds provided to such entity for such program.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a)(1), an entity shall—

“(1) either be—

“(A) a State-designated trauma center, or a trauma center verified by the American College of Surgeons, that conducts or seeks to conduct a violence intervention or violence prevention program; or

“(B) a nonprofit entity that conducts or seeks to conduct a program described in subparagraph (A) in cooperation with a trauma center described in such subparagraph;

“(2) serve a community in which at least 100 incidents of intentional violent trauma occur annually; and

“(3) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) SELECTION OF GRANT RECIPIENTS.—

“(1) GEOGRAPHIC DIVERSITY.—In selecting grant recipients under subsection (a)(1), the Secretary shall ensure that collectively grantees represent a diversity of geographic areas.

“(2) PRIORITY.—In selecting grant recipients under subsection (a)(1), the Secretary